

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90130 016 ****61.25

DOCUMENT # 714144

1. Entity Name

SANFORD SHRINE BUILDING ASSOCIATION



Principal Place of Business

**104 LEE STREET
SANDORD FL 32771
US**

Mailing Address

**605 RED SAIL LANE
ATLAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHIGHAM, FRANK C
200 W. FIRST ST.
SUITE 22
SANFORD FL 32771**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KEETH, ALLAN**
STREET ADDRESS **205 CRYSTAL VIEW S**
CITY-ST-ZIP **SANFORD FL 32772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **CHRISTENSEN, M.D.**
STREET ADDRESS **605 RED SAIL LANE**
CITY-ST-ZIP **ALTAMONTE SPRGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **JONES, JOHN P**
STREET ADDRESS **2852 GAIL PLACE**
CITY-ST-ZIP **SANFORD FL 32772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GILES, ROBERT S**
STREET ADDRESS **450 RIVERVIEW AVE**
CITY-ST-ZIP **SANFORD FL 32772**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **CLAUDE N. ROBERSON**
STREET ADDRESS **2965 BAILEY AVE**
CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **D** ☐ Delete
NAME **NEWELL, ROBERT E**
STREET ADDRESS **304 FOREST AVE.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FIELDS, KENNETH Q**
STREET ADDRESS **100 BUSH BLVD**
CITY-ST-ZIP **SANFORD FL 32772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myron D. Christensen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MYRON D. CHRISTENSEN

Date **4/20/05** Daytime Phone # **(407) 246-7119**
(407) 834-3791